

Minors in Laboratories - Exception Request

An exception to the Minors in the Laboratories Guidelines may be initiated by a Laboratory Supervisor if the determination is made that the pedagogical benefits or outreach opportunities associated with a **laboratory tour** or **work** outweigh any potential risks or disadvantages. This request must be approved by the Department Chair, Dean, EHSREM. Additionally, in the case of ABSL-1 or ABSL-2 laboratories, approval must be obtained from the Institutional Animal Care and Use Committee (IACUC) and the Assistant Vice President for Research.

Date: _____

LABORATORY INFORMATION

Laboratory Number and Location: _____

Laboratory Supervisor: _____

Department: _____

LABORATORY TOUR EXCEPTION

Date of Tour: _____ Start Time: _____ End Time: _____

Type of exception: BSL2 Physical Hazard Respirator Required
 ABSL-1 IACUC Approval Date: _____ ABSL-2 IACUC Approval Date: _____

Brief Description of any Demonstrations/Laboratory Activities Occurring During the Tour and Justification for the Exception:

LABORATORY WORK EXCEPTION

Start Date: _____ End Date: _____

Type of exception: BSL2 Physical Hazard Respirator Required
 ABSL-1 IACUC Approval Date: _____ ABSL-2 IACUC Approval Date: _____

Brief Description of Laboratory Activities involving the minor(s) and Justification for the Exception:

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SIGNATORIES

The undersigned acknowledges that (s)he has read AA/PPS Minors on Campus and assumes the duties of the supervisor of the minor.

Laboratory Supervisor Signature	Printed Name	Date

APPROVAL: Department Chair

I approve of the presence of the minor(s) identified above in the laboratory and the exception requested above.

Department Chair Signature	Printed Name	Date

APPROVAL: Dean

I approve of the presence of the minor(s) identified above in the laboratory and the exception requested above.

Dean Signature	Printed Name	Date

APPROVAL: Environmental, Health, Safety, Risk & Emergency Management

I approve of the presence of the minor(s) identified above in the laboratory and the exception requested above.

Director of EHSREM Signature	Printed Name	Date

ABSL-1 or ABSL-2 ONLY - APPROVAL: Chair, Institutional Animal Care and Use Committee (IACUC)

I approve of the presence of the minor(s) identified above in the laboratory and the exception requested above.

IACUC Chair Signature	Printed Name	Date

ABSL-1 or ABSL-2 ONLY - APPROVAL: Assistant Vice President for Research

I approve of the presence of the minor(s) identified above in the laboratory and the exception requested above.

AVP for Research Signature	Printed Name	Date